

LITERATURE REQUEST FORM

RI Dept. of Health – Library

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Email: DeborahP@doh.state.ri.us

Name: _____ Date _____

Division/Program _____

Phone # : _____ Fax #: _____

Email: _____

Circle which subject/database/level would be best:

Medical

Nursing

Scholarly

Consumer

Please describe your request using key words:

Years to be searched _____ English language
only _____

Number of citations expected? _____

Format: _____ standard (citation only; comprehensive)

_____ abstract (citation + abstract)

_____ full text (entire article; limited/narrow)